

Application for Federal Assistance SF-424

*1. Type of Submission:

☐ Preapplication☒ Application☐ Changed/Corrected Application

*2. Type of Application

☒ New☐ Continuation☐ Revision

* If Revision, select appropriate letter(s):

*Other (Specify) _____

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

86-6000398

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Cochise County

*b. Employer/Taxpayer Identification Number (EIN/TIN):

86-6000398

*c. Organizational DUNS:

020126041

d. Address:*Street 1: 1415 Melody LaneStreet 2: Building C - Facilities Management*City: BisbeeCounty: Cochise*State: AZ

Province: _____

*Country: USA*Zip / Postal Code 85603**e. Organizational Unit:**

Department Name:

Facilities Management

Division Name:

Cochise County Airport - Willcox (CC)

f. Name and contact information of person to be contacted on matters involving this application:Prefix: Ms.*First Name: LisaMiddle Name: M.*Last Name: Marra

Suffix: _____

Title: Grants Administrator

Organizational Affiliation:

*Telephone Number: 520-432-9742

Fax Number: 520-432-9758

*Email: lmarra@cochise.az.gov

Application for Federal Assistance SF-424***9. Type of Applicant 1: Select Applicant Type:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program**12. Funding Opportunity Number:**

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Cochise County, Arizona

Nearest City: Willcox, AZ

***15. Descriptive Title of Applicant's Project:**

Update Airport Master Plan (previously done 1997) for the Cochise County Airport - Willcox (CC)

Attach supporting documents as specif in agency instructions.

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16. Congressional Districts Of:

*a. Applicant: AZ 8

*b. Program/Project: AZ 8

Attach an additional list of Program/Project Congressional Districts if needed.

n/a

17. Proposed Project:

*a. Start Date: July 2013

*b. End Date: March 2014

18. Estimated Funding (\$):

*a. Federal	228,172
*b. Applicant	11,200
*c. State	11,200
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	250,572.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ____.
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. _____ *First Name: Eddie _____

Middle Name: C. _____

*Last Name: Levins _____

Suffix: _____

*Title: Director of Facilities Management

*Telephone Number: 520-432-9734

Fax Number: 520-432-9758

* Email: elevins@coohise.az.gov

*Signature of Authorized Representative.

*Date Signed: 12/20/2012

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

n/a

PART II
PROJECT APPROVAL INFORMATION

Item 1. Does this assistance request require State, local, regional, or other priority rating?	Name of Governing Body Priority
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 2. Does this assistance request require State, local advisory, educational or health clearances?	Name of Agency or Board (Attach Documentation)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 3. Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?	(Attach Comments)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 4. Does this assistance request require State, local, regional, or other planning approval?	Name of Approving Agency Date / /
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 5. Is the proposed project covered by an approved comprehensive plan?	Check One: State <input type="checkbox"/> Local <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Location of project: Bisbee, AZ
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Item 6. Will the assistance requested serve a Federal installation?	Name of Federal Installation Federal Population benefiting from Project
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 7. Will the assistance requested be on Federal land or installation?	Name of Federal Installation Location of Federal Land Percent of Project
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 8. Will the assistance requested have an impact or effect on the environment?	See instructions for additional information to be provided.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 9. Will the assistance requested cause the displacement of individuals, families, businesses, or farms?	Number of: Individuals Families Businesses Farms
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Item 10. Is there other related Federal assistance on this project previous, pending, or anticipated?	See instructions for additional information to be provided.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PART III - BUDGET INFORMATION**SECTION A - BUDGET SUMMARY**

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Master Plan	20-106	\$	\$	\$228,172.00	\$22,400.00	\$250,572.00
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function or Activity				Total
	(1)	(2)	(3)	(4)	(5)
a. Personnel	\$11,932.00	\$	\$	\$	\$11,932.00
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual	238,640.00				238,640.00
g. Construction					
h. Other					
i. Total Direct Charges					
j. Indirect Charges					
k. TOTALS	\$	\$	\$	\$	\$
7. Program Income	\$250,572.00	\$	\$	\$	\$250,572.00

SECTION C - NON-FEDERAL RESOURCES

(a) GRANT PROGRAM	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8.	\$11,200.00	\$11,200.00	\$	\$ 22,400.00
9.				
10.				
11.				
12. TOTALS	11,200.00	11,200.00		22,400.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1 st Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
13. Federal	\$228,172.00	\$39,720.00	\$	\$68,452.00	\$120,000.00
14. Non-Federal	22,400.00	4,680.00		6,720.00	11,000.00
15. TOTAL	\$250,572.00	\$44,400.00	\$	\$75,172.00	\$131,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) GRANT PROGRAM	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTALS	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

PART IV - PROGRAM NARRATIVE (ATTACH PER INSTRUCTION)

PART IV
PROGRAM NARRATIVE

(Suggested Format)

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

OMB NO. 2120-0569

PROJECT:	Update Master Plan
AIRPORT:	Cochise County Airport - Willcox (CC)
1. Objective:	Update Airport Master Plan (last done in 1997) and Airport Layout Plan.
2. Benefits Anticipated:	Determine the factors affecting the future development and assure the airport will develop consistent with the demands placed upon it. Plan will develop cost-effective repair and rehabilitation; realistic recommendations for future improvement; identify unique role for the airport within the County.
3. Approach:	(See approved Scope of Work in final Application) Inventory current status of airport; analyze future needs based on growth; develop realistic plan for improvement that includes cost estimates.
4. Geographic Location:	Lat 32-14-43.5000N (est) Long 109-53-40.7000W Elev 4187.3 Cochise County Airport is located East of Willcox, Az just off the I-10.
5. If Applicable, Provide Additional Information:	Cochise County owns two airports. Cochise County Willcox Airport and Bisbee Douglas International Airport. We are seeking funding to update both Airport Master Plans in the upcoming grant cycle.
6: Sponsor's Representative:	(incl. address & tel. no.) Lisa M. Marra Grants Administrator Cochise County Facilities Management 1415 Melody Ln, Bldg C Bisbee, AZ 85603 520-432-9742 lmarra@cochise.az.gov